

**PRIVACY ACT RELEASE FORM**  
**Federal Employee Casework**

This form must be completed by the federal employee

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concern to be released to the office of Senator Barbara A. Mikulski.

Name of Federal Employee: \_\_\_\_\_

MD Residential Street Address: \_\_\_\_\_  
(If you use a PO Box, you must also provide a MD address) \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Employing Federal Agency: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Retirement Concerns:**

Are you CSRS or FERS? \_\_\_\_\_ CSA # \_\_\_\_\_

Filed for Retirement OR Disability Retirement: \_\_\_\_\_ Date \_\_\_\_\_

**Personnel Concerns:**

Have you filed a complaint or appealed to any of the following?

Agency EEO: Yes No Date \_\_\_\_\_ EEOC: Yes No Date \_\_\_\_\_

MSPB: Yes No Date \_\_\_\_\_ OSC: Yes No Date \_\_\_\_\_

NLRB: Yes No Date \_\_\_\_\_

Appealed Agency Personnel Action? Yes No Date \_\_\_\_\_

Have you contacted another congressional office?(Who?) \_\_\_\_\_

Description of Problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail or Fax to:**

**Senator Barbara A. Mikulski**  
**1629 Thames St, Suite 400**  
**Baltimore, MD 21231**  
**Fax: 410-962-4760**

Additional comments or information may be attached